

09/445033

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | | | | SMALL TYPE | ENTITY | OR | OTHER SMALL | | | |
|--|--|--------------|---------------------------------|----------------------------------|-------|--|--|--------|--------------------|------------------------|---------|---------------------|------------------------|
| FOR | | | NUMBER FILED | | | NUMBER EXTRA | | Г | RATE | |) | RATE | FEE |
| | | | | | | • | | | DAIE | FEE | | DATE | |
| BASIC FEE | | | | | | | | 345.00 | OR | | 690.00 | | |
| TOTAL CLAIMS | | | 36 minus 20= | | | = * - 16 | | | X\$ 9= | 144 | OR | X\$18= | |
| ├ | DEPENDENT CL | | 2 | minus 3 = * | | | | | X39= | | OR | X78= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | | +130= | 130 | OR | +260= | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | | | | | | L | TOTAL | 694 | OR | TOTAL | |
| | C | S AS A | MENDED | | | • | | OTHER | THAN | | | | |
| | | | umn 1) | | | Column 2) | (Column 3) | | SMALL | ENTITY | OR | SMALL | ENTITY |
| AMENDMENT A | | REM AF | AIMS AINING TER IDMENT | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| NDW | Total | * | | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| AME | Independent FIRST PRESE | * | N OF M | Minus | *** | | = | | X39= | | OR | X78= | |
| \vdash | FIRST PRESE | NIAIIC | ON OF MC | JETIPLE DEI | PENL | DENT CLAIM | | | +130= | | OR | +260= | |
| l | | | | , | | | | L | TOTAL | | | TOTAL | |
| | | (0 : | | | | >-1 | (0.1 | Α | DDIT. FEE | | OR | ADDIT. FEE | |
| \vdash | | | umn 1) AIMS | | | Column 2) HIGHEST | (Column 3) | _ | | ADD: | 1 | | ADD! |
| ENT B | | REM . AF | AINING TER IDMENT | | PF | NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | * | | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| RE | Independent | * | | Minus | *** | | = | | X39= | | OR | X78= | |
| Ľ | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | ╽┠ | - | | Un | | |
| | | | | | | | | | +130= | | OR | +260= | |
| | | | | | | • | | A | TOTAL DDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| Ĺ | | | umn 1) | | | Column 2) | (Column 3) | | | | | | |
| ENT C | ` | REM AF | AIMS AINING TER IDMENT | | PF | HIGHEST NUMBER REVIOUSLY PAID FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AMENDMENT | Total | * | | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | | Minus | *** | • · · · · · · · · · · · · · · · · · · · | = | | X39= | | 00 | X78= | |
| lacksquare | FIRST PRESE | NTATIC | ON OF MULTIPLE DEP | | PENE | DENT CLAIM | | - | 703- | | OR | | |
| | If the ontaria anti- | mn 1 in 1 | occ than th | o ontre in ant | ıma C | write "O" i= == | lump 2 | L | +130= | | OR | +260= | |
| ,*** | If the entry in colu If the "Highest Nu If the "Highest Nu | mber Pre | eviously Pa eviously Pa | id For" IN THI aid For" IN TH | S SPA | ACE is less tha ACE is less tha | ın 20, enter "20." an 3, enter "3." | | TÖTAL DDIT. FEE | | - | TOTAL ADDIT. FEE | |
| | The "Highest Num | | | | | | | r four | d in the an | nronriato ho | v in co | lumn 1 | |

TO:

BY A CHARGE TO DEPOSIT ACCOUNT NO.

| | SERIAL NUMBER: | 09/445033 |
|---------|--|---------------------------------------|
| TO: | PCT OFFICE OF FINANCE | · · · |
| FROM: | PCT INTERNATIONAL DIVISION - DOÆO CRYSTAL PLAZA 2 - 8TH FLOOR | · · · · · · · · · · · · · · · · · · · |
| PLEASE | PROCESS THE FOLLOWING CORRE | CTIONS: |
| | FROM . TO | |
| 704 | 640 <u>964</u> | 54.80° |
| | | |
| | · · · · · · · · · · · · · · · · · · · | · |
| , OTHER | : ilease refund \$ 580 h | dec # 12-0400 |
| | CHARGE VOUCHER IS ATTACHED TO CHARGE / I ADDITIONAL FEES | |
| | OTHER: | |
| THI | E ORIGINAL METHOD OF PAYMENT | WAS: |
| | BY A CHECK | |